

THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES
H-166, U.S. CAPITOL
WASHINGTON, DC 20515-9086

BRIAN P. MONAHAN, MD, MACP
Professor of Medicine and Pathology

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Attending Physician Pandemic Social Distancing and Daily Health Screening Implementation Guidelines for Congressional Offices and Work Centers

VERSION 3.0, (previous versions are obsolete)

The following guidelines provide for Pandemic Social Distancing and Daily Health Screening implementation in Congressional workplaces. These guidelines are based on current Centers for Disease Control and Prevention best practices to minimize risk of coronavirus transmission in the workplace through use of social distancing measures and daily screening of employee health prior to reporting for duty. This version, 3.0, reflects the recent imperative to promote use face coverings based on the July 16, 2020 CDC recommendation for Universal Mask Wear. The guidelines reflect changes since Version 1.5 incorporating current regional transmission characteristics within our Washington DC metropolitan area and changes to prevailing public health guidelines. Although COVID 19 disease features in our region have shown recent improvements in hospitalizations, new cases and deaths, many regions of the United States continue to experience a relentless and growing burden of disease and death from coronavirus . Continued vigilance to public health measures, testing, contact tracing, quarantine, isolation, hand washing, contact surface cleansing, and social distancing measures remain critical.

1. Reduce the Number of Staff in the Work Center. Each Office (Member office, Committee group, Support office) should continue to commit to established social distancing guidelines when considering in office staffing plans. In circumstances where social distancing standards are unable to be met in an office space, emphasis should be placed on limiting the number of personnel physically present in a work center. The balance of personnel may be assigned to a telework or remote work capacity. The contribution of telework to office productivity will continue indefinitely for significant numbers of staff. Each Office should maintain reliance on phone conversations/video type interactions over in-person meetings whenever possible. Additional helpful guidelines can be found on the 12 June 2020 Centers for Disease Control website entitled "[Considerations for Events and Gatherings](#)".
2. Use Telework or Staggered Schedules. Office Staff in excess of the maximum occupancy of the work center (see section 5.1) should be in a telework status. Telework status is among the best options to limit individual risk of disease from workplace encounters. Staff may be rotated between a telework and in-office status or individual staff arrival and departure work hours may be staggered as determined by individual Offices. Prolonged telework practices may be necessary for certain individuals who fall into conventionally recognized medical risk groups. These individuals have been encouraged by other Federal guidelines to minimize their contact with others until the effective medical countermeasures for the coronavirus are widely available. Telework policies may have advantages in maintaining a cadre of individuals familiar with office practices that are available to replenish those individuals temporarily unavailable due to illness or quarantine.

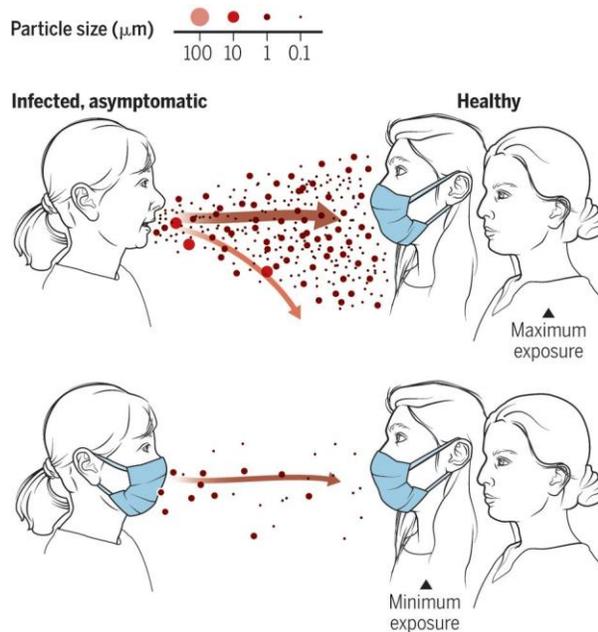
3. Use of Face Covers

- 3.1. Current Evidence and Consensus. Additional information has been released by the Centers for Disease Control and Prevention, international public health organizations, regional government officials, scientific organizations and private industry that better inform best practices and the case for individual mask (a face covering consisting of a surgical mask or a cloth based mask that covers the nose and mouth completely) use. On July 16, 2020 The Director of the CDC changed the Nation’s focus on face covering use to an essential civic duty of all Americans to adopt Universal Mask Wear whenever an individual is in public. “We are not defenseless against COVID-19,” said CDC Director “Cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus – particularly when used universally within a community setting. All Americans have a responsibility to protect themselves, their families, and their communities.”[CDC Universal Mask Imperative](#)
- 3.1.1. Centers for Disease Control and Prevention guidance on “[Considerations for Events and Gatherings June 12, 2020](#)” characterizes meetings as “highest risk” when individuals assemble from various regions of the country in large numbers and appropriate social distancing is difficult to maintain. The CDC advises the use of cloth face coverings among staff when physical distancing is difficult (e.g., when moving within a crowd or audience). The CDC also encourages attendees ahead of an event to bring and use cloth face coverings at the event. The cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Face coverings are strongly encouraged in settings where individuals might raise their voice (e.g., shouting, chanting, singing).
- 3.1.2. The Scripps Research Institute commented in an article titled “[Silent Carriers: Extraordinary Percentage of SARS-CoV-2 Coronavirus infections may be asymptomatic](#)” that up to 45% of SARS-CoV-2 of people infected with SARS-CoV-2 never show symptoms of disease and, “to protect others wearing a mask makes a lot of sense.” Their comments are based upon a recent publication in the [Annals of Internal Medicine](#) which reviewed the experience of asymptomatic SARS-CoV-2 in a variety of international cohorts.
- 3.1.3. The National Institute of Standards and Technology reported on its [blog](#) that qualitative testing of a variety of homemade face coverings, in different facial positions, demonstrated even the most basic face coverings reduced the distance the airflow exiting a person’s lungs travelled during talking and coughing trials. They noted implications for slowing the spread of disease.
- 3.1.4. [The Lancet](#) published their meta-analysis of all published materials about face covers and reducing spread of coronavirus. In conclusion, mask wear is recommended to reduce the spread of COVID19.

- 3.1.5. [Health Affairs](#) published the results of observational cohort study investigating the impact of state government mandates for face mask use on the daily COVID-19 growth rate in 15 states and the District of Columbia. Findings suggest that that requiring face mask use in public might help in mitigating COVID-19 spread.
- 3.1.6. [Fox News](#) reported on an [international study](#) that compared real world face mask experiences with COVID-19 to two previous simulation models. Results demonstrated a correlation between early universal ($\geq 80\%$ of the population) masking and successful suppression of daily case growth rates and/or reduction from peak daily case growth rates.
- 3.1.7. [Science](#) published a summary discussion on reducing the transmission of SARS-CoV-2. Their assertion is, “For society to resume, measures designed to reduce aerosol transmission must be implemented, including universal masking...”

Masks reduce airborne transmission

Infectious aerosol particles can be released during breathing and speaking by asymptomatic infected individuals. No masking maximizes exposure, whereas universal masking results in the least exposure.



GRAPHIC: V. ALTOUNIAN/SCIENCE

- 3.1.8. Several [International Public Health authorities](#) view mask wear as a public activity to minimize infection risk to others, reduce the experience of disease in the community, and ultimately serve to protect individuals and their families. Mask wear is a source control measure to limit the spread of virus from asymptomatic people toward others who may be at increased risk to acquire the disease and to other individuals they would

subsequently pass it to. The amount of virus released into the environment by infected people may be substantial and lead to a significant infection risk to others.

- 3.1.9. Face cover wear is consistent with Local, State and District of Columbia Governments now requiring mask wear in public spaces such as businesses, stores, markets, medical offices, hospitals, mass transportation, car for hire services, use in airplane travel, etc. ([CA](#), [DC](#), [MD](#), [VA](#), [AL](#), [TX](#)) Over 36 States have now mandated use of face coverings while in public.
- 3.1.10. Most national major retail stores (Walmart, Target, Walgreens, CVS, Publix, etc) now require face cover wear as a condition for entry. [stores-require-face-coverings-to-halt-covid-19-spread](#)
- 3.1.11. Certain [Federal Courts](#) have required mask wear by all parties as a condition to enter the courthouse
- 3.1.12. The Washington Post recently published the clearest real-world example of the ability of masks to slow the spread of the coronavirus. They described the circumstance of a sick hair stylist who directly exposed 84 of their customers within inches of her face for 30 minutes each over 9 days of her illness to COVID 19. The next day another ill, infected stylist exposed 56 additional clients. Over 140 clients had a very high risk exposure, and an additional 200-300 customers were also exposed in the store. Fortunately, the State of Missouri required mandatory cloth face masks for hair stylists beginning May 4, 2020, and no infections occurred. [Great Clips Springfield, MO](#)
- 3.1.13. On July 17, 2020 the Director of the National Institute of Allergy and Infectious Disease urged all government leaders to be as forceful as possible in requiring use of face covers to reduce the spread of COVID 19 [Leaders urged to be forceful](#)
- 3.1.14. The Congress has unique risks in that individuals attending the Congress do not represent a gathering of regional citizens but an intra-National assembly of individuals traveling from areas of variable disease activity to assemble in Washington DC. As such, Congress may experience not only the local District of Columbia circumstance, but also that of areas with higher risk.
- 3.2. [Encourage Use of Face Coverings](#). Unless required by specific Agency policy, the use of face coverings (approved surgical masks or cloth face covers) completely covering the nose and mouth is **STRONGLY RECOMMENDED** to be worn when an individual is in an enclosed, Congressional space with at least one other person present for greater than 15 minutes. Examples may include during the use of community services, such as the office supply store,

banking facilities, barbershop, etc., among others. An Office should STRONGLY RECOMMEND the use of face covers whenever more than one person is present in the office.

- 3.2.1. For U.S. House of Representatives meetings in a limited enclosed space, such as a committee hearing room, for greater than 15 minutes, face coverings are REQUIRED. Face covers will be provided by the meeting sponsor to individuals arriving without face covers. Waterless hand cleanser should be used by individuals on entry and exit. Seating arrangements in accordance with social distancing guidelines and contact surface cleaning procedures will be facilitated by committee staff.
- 3.2.2. Individual entry will be denied to those House of Representatives limited enclosed spaces where face coverings are required but not used by the individual (unless presenting a valid medical waiver approved by OAP). Individuals not admitted to the space have the option to participate by virtual/electronic means from their office.
- 3.3. Face coverings are NOT required in public indoor spaces when an individual is alone or occupying a space for less than 15 minutes. Limited exceptions are also permissible. For example, if addressing the media from a committee room during an event, brief removal to facilitate lip reading by hearing impaired viewers is acceptable. Additionally, individuals with an exemption to face covering use due to a specific health reason are not required to wear a covering. However, six-foot minimum separation must be accommodated in all cases of exemption.
- 3.4. Face coverings are not required in outdoor settings when six-foot separation between individuals is able to be maintained. If unable to maintain separation in outdoor public spaces, the use of face coverings is STRONGLY RECOMMENDED.
- 3.5. Use of a face covering is a separate secondary method of lowering transmission risk. It is NOT a substitute for social distancing. Even if you wear a face covering, every effort should be made adhere to six-foot social distancing guidelines.
4. Screen Visitors. Official Visitors should use hand sanitizer upon entry and prior to departure, and utilize a face covering for the duration of their visit.
 - 4.1. Use of a face cover by visitors is STRONGLY RECOMMENDED Individuals who choose not to wear a face cover should reschedule their visit to a future time when the national public health emergency has ended. Visitors must follow the social distancing guidelines regarding 6-foot separation, limit their visit to less than 15 minutes, no physical contact with staff, appropriate use of hand cleansing and cough etiquette. Refusal to follow the social distancing guidelines should cause the visit to be immediately concluded. If a visitor is not adhering to a specific office policy, and the office manager is requesting that individual be removed from the office, the US Capitol Police will assist with this request.

- 4.2. A face covering is REQUIRED for official visitors attending an event described in section 3.2.1.
- 4.3. Any person that appears ill (shaking chills, flushed appearance, vomiting, frequent coughing, nasal drainage, etc.) should reschedule their appointment for a future time when they are in good health.
- 4.4. Offices should post clearly visible signage regarding these requirements within their office such as a reception countertop area or near an office entry door. In other public areas, signage will be provided by the Architect of the Capitol.
5. Maintain Meaningful Social Distancing Standards.
- 5.1. Determine Maximum Occupancy of Each Work Center or Other Space. Each Office should determine the maximum number of individuals that can safely occupy a work center or other space and conduct their work where possible without exceeding social distancing standards (six-foot separation). This number will be the maximum allowable number of individuals in the office at any given time. Maximum occupancy should also be calculated for each reception room, hearing room or conference room. For example, an estimate of the number of individuals that can occupy a given square foot area could be approximated by dividing the square footage by 36. The preferred practice to establish this maximum occupancy number involves consultation with the Architect of the Capitol or Chief Administrative Officer (for the US House of Representatives spaces) to review a detailed drawing of the proposed space for refined guidance.
- 5.1.1. There are specific areas in the Capitol where fixed seating and structures are present (for example the Dais of the Senate Chamber and House of Representatives Chamber) where 6 foot separations are not possible due to the structure and seating of essential personnel whose functions cannot be performed at another chamber position. In that instance, use of a face cover by all seated Dais participants in addition to social distancing separation is STRONGLY RECOMMENDED. Non-seated participants in the Chamber should maintain 6-foot separation from those seated Dais positions. The preferred option is to verify that the individual cannot be relocated from the Dais to another location in the Chamber where their duty can be performed.
- 5.1.2. Limit Occupancy. Visitors and attendees that exceed the maximum occupancy for the space should wait outside the space. Any waiting area should also be subject to crowd control to limit aggregation of people and avoid crowding closer than 6-foot separation. Face coverings use by individuals is STRONGLY RECOMMENDED at all times in waiting areas. Any area that is prepared for a video simulcast of proceedings should also incorporate social distancing guidelines. The alternate viewing or waiting areas should have suitable floor markings to facilitate the 6-foot separation guidelines with supervision of guideline adherence provided by the host of the primary event.
- 5.1.2.1. Occupancy guidelines may make allowances for those brief circumstances where close quarters will not allow for full social distancing (for example access to equipment or uniform storage areas during a personnel shift change). Use of a face cover by individuals in this brief circumstance is STRONGLY RECOMMENDED.

- 5.1.2.2. Offices with limited space for employees to participate in shift breaks or meals may need to explore use of alternative spaces or staggered times to promote adherence to social distancing guidelines during these times.
- 5.1.2.3. Recommendations regarding the use of elevators are influenced by both the small size of the elevator and the brief duration of the contact there. There have been several recent reports COVID 19 infections sourced to a brief elevator ride with an infected rider [Elevator Super Spreader Event, Coronavirus and Elevators](#) To reduce risk associated with elevator use, signs will indicate that “Use of this elevator . with a face cover is **STRONGLY RECOMMENDED**”. Use of waterless hand cleanser before and after elevator use is also recommended. Several smaller elevators may allow for 1- 2 individuals to be in the elevator. Larger sized elevators may allow additional individuals suggested by the square foot calculation estimates. If more than one person is in the elevator, face cover wear is **STRONGLY RECOMMENDED** by all individuals There are occupancy limit exemptions for emergency medical, fire, and law enforcement personnel use.
- 5.2. Avoid Gatherings. Each Office should evaluate activities within their work centers that cause individuals to aggregate together and avoid or limit such activities. Daily meetings, staff recognition events, etc. should be modified to occur via teleconference or meet distancing requirements. Areas typically used for informal staff gatherings, such as coffee or kitchen locations, break rooms, etc. should be modified or monitored to prevent crowds. Social gathering events should be avoided during this time. Limit face to face interactions to less than 15 minutes, if possible.
- 5.3. Avoid Crowding at Dining Facilities. Each Office should consider regulating business practices related to mealtimes and other breaks. These should be staggered throughout the day rather than at socially conventional times, such as 12 PM to 1 PM. If able, staff should be encouraged to bring food from home or use ‘grab and go’ options to promote dining at their workstation. This will minimize assembly of individuals at locations such as dining facilities, etc.
- 5.3.1. Seating areas at dining facilities may need to be marked to guide diners to appropriate 6-foot separation locations or have furniture rearranged or removed.
- 5.4. Avoid Communal Food and Beverage Stations. Each Office should evaluate general food and beverage procedures. Communal coffee and water dispensers should be subject to the cleaning of commonly touched surfaces in between each individual user. Communal meal platters, such as continental breakfast trays, should also be avoided. Self-service, commonly shared utensils, plates, cups, etc. should be removed from this area. Examples of good practices to minimize use of shared bulk containers include: sealed, single serving packets of sweeteners, creamers, condiments, etc. Staff should be encouraged to utilize their own personal utensils, plates, cups, etc., or designate these items from office supplies such that they will not be shared by other individuals. Contactless, water fountains and water bottle refilling stations could also be considered.
- 5.5. Modify Office Layouts and Flow Patterns. Each Office should alter the physical layout of work center spaces where possible in accordance with any Architect of the Capitol or Chief Administrative Officer parameters to maximize 6-foot distancing between Members, staff, and

visitors. Additionally, offices should re-assess office flow patterns to limit intra-office and visitor traffic as much as possible. Selective removal of furniture may be helpful to minimize circumstances where individuals are seated too close together.

- 5.5.1. Seating. A minimum of six-foot separation between individual workstations remains the goal. Seating plans should be modified to meet this goal wherever possible. Examples may include the establishing the necessary physical distance between workstations, or adopting an “every other desk” occupancy with reduction in lounge and common space capacity are two examples of strategies that may be employed. (see exception paragraph 5.1.1)
- 5.5.2. Seating on Capitol Inter-Building Trains. Trains operated by the Senate (automatic and attended) and trains operated by the House (attended) require a seating convention to maximize social distancing. In the Senate automatic train, one person should sit at each end of the train car and one person can stand equally distant in the middle of the train car. In the attended trains, two people may sit in the individual seating sections at diagonal seating positions. Passengers using multi-occupant trains are **STRONGLY RECOMMENDED** to wear a face cover.
- 5.5.3. Circulatory Paths. Create “one-way” primary circulation paths to avoid bottlenecks in hallways and passageways where possible.
- 5.5.4. Signage. Post signage encouraging hand washing, hand sanitizing and wiping down of surfaces in high traffic, shared spaces (elevator lobby, community desk, pantry, nooks, meeting rooms, restrooms, phone booths, etc.). Public space signage will be placed by the Architect of the Capitol where indicated. Private office space area sign placement will be responsibility of the Office.
- 5.5.5. Plexiglass Shields (Sneeze Guards) and Communal Landlines. An example of a good office practice to reduce potential virus exposure involves placement of a “sneeze guard” or plexiglass barrier at the point of entry between visitors and forward-facing customer service staff. A floor marking indicating a six-foot standoff mark from the forward-facing employee, or a pair of floor stanchions with cord suspended between them are other alternatives. This will reduce risk of virus transmission with activities such as speaking, sneezing, or coughing. Another example would be to remove community use landline phones. Consultation with the Chief Administrative Officer (for the US House of Representatives spaces) or the Architect of the Capitol can be requested to review other circumstances where barriers can reduce disease transmission risk. The uninformed construction of desktop barriers may have unintended effects regarding disease transmission risk due to reduction of ventilation and other cleaning considerations.
- 5.5.6. Plastic Face Shields A transparent plastic barrier placed over the entire face, from ear to ear, from the forehead to below the chin, suspended by an elastic headband is known as a Face Shield. A Face Shield, is worn in addition to a face cover or surgical mask in certain situations for additional protection from virus exposure. In those settings where very close proximity to another person could lead to a direct sneeze or cough spray deposit (such as airplane flight, subway or bus ride) the plastic face shield use is an option. The Face Shield does not reduce virus particles that may leave your nose or mouth and is not

an effective source control without simultaneous use of a face cover or mask. Although uncomfortable to wear for a prolonged period, the Face Shield has additional value in reducing external soiling or contamination of your face cover or surgical mask, prompts other people to respect social distancing, limits virus contact and absorption through the eyes and serves as a reminder to avoid touching your face with your hands. [JAMA Face Shields for Community use](#)

- 5.5.7. There are several functional areas at the Capitol such as police barricades and screening facilities where Plexiglass barriers are not practical and thus cannot be used.
 - 5.5.8. Hand Contact Points. Wherever possible, hand contact points should be minimized. In circumstances where US Capitol Police and Fire Marshall considerations permit, doors may be propped open. Motion sensing lights in community spaces would be helpful to reduce reliance on common touch objects in the office.
 - 5.5.9. Cleaning. Each Office should create an overall cleaning schedule that accounts for periodic pauses in office activity throughout the day for hand cleansing (waterless hand cleanser, or soap and water) and cleansing of contact surfaces with approved materials by work center individuals. Individual workstation configuration should accommodate simplified cleaning measures wherever possible. For example, desktops should be free of clutter (devices, memorabilia, photographs, etc.), disposable membranes or plastic wrap may be used on keyboards, phones, or other devices, etc.
 - 5.5.9.1. Larger Meeting Rooms: A large meeting room, defined as greater than 1800 square feet, should have an appropriate interval established after the meeting is adjourned and all participants leave that allows for cleaning. Prior to room cleaning, a 60-minute interval should pass from the conclusion of the meeting to the start of the cleaning process for settling of any possible infectious droplets, and atmosphere ventilation replenishment. Cleaning personnel may then wipe down contact surfaces with the approved cleaning product prior to the arrival of individuals for start of the next meeting.
 - 5.5.10. Ventilation. Each Office should consult with the Architect of the Capitol and US Capitol Police regarding ventilation systems to determine if any air circulation mitigation is required. The Architect of the Capitol is following CDC and American Society of Heating, Refrigeration, and Air Conditioning Engineers recommendations for building ventilation systems. In many circumstances, opening a window or hallway door may worsen air quality compared to office ventilation systems. The increased use of outside air introduction may lead to variations in desired temperature ranges.
6. Health Monitoring of the Work Force.
- 6.1. Participation in a Health Monitoring Program. Participation in a health monitoring program is required for all Congressional employees unless impacted by a collective bargaining agreement or in those instances where employment is exclusively by telework or at an isolated/solitary occupancy duty station. Employees already participating in an employer health monitoring

program (for example US Capitol Police) do not have additional health monitoring requirements or reporting obligations.

6.2. Work Center Monitor. Each Office should assign an individual as Work Center Monitor in each work center. This person will have the responsibility of coordinating results of the health screening inventory from all employees in their assigned work center on a daily basis. Since most offices have an Emergency Coordinator role already identified, that individual is an example that may be designated for that purpose. In large organizations another functional area (for example Human Resource section) may serve as the Work Center Monitor.

6.2.1. The Work Center Monitor shall report their personal health inventory status result to their office Chief of Staff or another designated individual.

6.2.2. An Alternate Work Center Monitor should be designated to fulfill these functions in the absence of the Work Center Monitor.

6.3. Employee Self-Monitoring Procedures.

6.3.1. Self-Monitoring of Temperatures. Each employee shall measure their temperature each morning at their home before reporting to the workplace. (Temperature testing in the workplace is to be discouraged. Office based temperature measurements are problematic due to contact precautions and virus exposure risk to the person assigned the temperature testing role and issues of re-use of equipment without complete cleansing between users. Use of a communal “office thermometer” is discouraged.)

6.3.2. Health Self-Assessment. Unless already participating in an employee workplace health monitoring program (for example US Capitol Police), each employee will complete a self-assessment utilizing the Health Screening Inventory tool found at the Office of Attending Physician website. This inventory consists of a series of brief “yes or no” questions. The individual will take their temperature with their own home thermometer as part of this self-assessment.

6.3.2.1. If the employee responds “yes” to any question on the Health Screening Inventory, the employee will be required to avoid the workplace setting and directed to consult with their health care provider. The employee should not come to the workplace.

6.3.2.2. If the employee responds “no” to all questions on the Health Screening Inventory, the employee may plan on reporting to work as usual.

6.3.3. Reporting of Self-Monitoring Results. Employees should report via phone, text message or email the results of their Health Screening Inventory to their designated Work Center Monitor or their existing Human Resource Department program before arriving in the workplace (a “screening attestation”).

6.3.3.1. The screening attestation should only say, “I answered ‘no’ to all questions,” or, “I answered ‘yes’ to at least one question.”

- 6.3.3.2. If a screening attestation is not received pre-arrival, employees will not be allowed into the workspace.
 - 6.3.3.3. Employees should not turn in a written copy of the Health Screening Inventory or report the results verbally to the workplace.
 - 6.3.3.4. Individual work centers will monitor and assess compliance for their work center employees. While the workplace may retain an individual's screening attestation of the completed Health Self-Assessment, there is no centralized reporting obligation of the individual work center to others.
- 6.4. Workplace Monitoring. Individual work centers will monitor for the appearance of respiratory symptoms such as frequent coughing or sneezing. Individual work centers will need to develop their own guidance with regard to actions consistent with the general approach that individuals who are visibly ill with a respiratory illness (fever, cough, sneezing, vomiting, shortness of breath, other signs such as loss of the ability to taste or smell, etc.) should not be present in the workplace until they have recovered. Self-reporting of symptoms by individuals is encouraged.
- 6.5. Return to Work. During the period of this Pandemic, the Centers for Disease Control has requested whenever possible, Offices should not require a doctor's note to return to the workplace after resolution of their symptoms but will rely upon the individual's assurance that they have consulted with their primary care provider. (This request is based on the need to diminish appointment burdens on medical resources for verification of wellness that compete with individuals seeking access for initial evaluation of illness where availability of health resources is impacted by the pandemic). Each individual work center should review their policies on requiring doctor's notes to return the individual to duty.

Health Screening Inventory

Regarding your personal health, please answer the following questions to the best of your ability:

Are you currently experiencing, or have you experienced within the past 10 days any of the following symptoms?

- | | |
|---|--|
| Fever (Temp equal to or greater than 100.4 F) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chills with shaking or teeth chattering | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fatigue | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Muscle or body aches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Congestion or runny nose | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequent cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shortness of breath at rest | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nausea or vomiting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Loss of ability to taste or smell | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are you well, but a member of your household is sick at home with bronchitis-like or cold symptoms?

Yes No

Are you or a member of your household awaiting COVID-19 test results, or have you been told to self-isolate?

Yes No

***If you answered yes to any of the above questions, DO NOT report to work. Stay home and consult your personal physician for further guidance.**

***Before arriving to work, notify your work center monitor via text or email of your result by indicating “I answered no to all questions,” or,**

“I answered yes to at least one question.”

Inventario de Detección de Salud

Con respecto a su salud personal, responda las siguientes preguntas lo mejor que pueda:

¿Está actualmente experimentando, o ha experimentado en los últimos 10 días alguno de los siguientes síntomas?

- | | |
|---|---|
| Fiebre (temperatura igual o mayor a 100.4 F) | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Escalofríos con temblores o castañeteo de dientes | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Fatiga | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Dolores musculares o corporales | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Congetión nasal | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Dolor de garganta | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Tos frecuente | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Falta de aliento en reposo | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Nausea o vomito | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Diarrea | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Dolor de cabeza | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Pérdida de la capacidad para saborear u oler | <input type="checkbox"/> Sí <input type="checkbox"/> No |

¿Está bien, pero un miembro de su hogar está enfermo en su hogar con síntomas similares a los de la bronquitis o el resfriado?

Sí No

¿Está usted o un miembro de su hogar esperando los resultados de la prueba COVID-19, o le han dicho que se aísle?

Sí No

*** Si respondió que sí a cualquiera de las preguntas anteriores, NO se presente al trabajo. Quédense en casa y comuníquese con el médico de guardia para obtener más orientación.**

*** Antes de llegar al trabajo, notifique a su monitor del centro de trabajo por mensaje de texto o correo electrónico sobre su resultado indicando "Respondí no a todas las preguntas" o "Respondí sí al menos a alguna pregunta"**